

<b>CLINICAL LABORATORY ORDER SHEET- ANEMIA TESTING</b>		<b>835 Hospital Road, Indiana, PA 15701</b>	
		COLLECTION DATE, TIME	AM PM

PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)	ADDRESS	PATIENT TELEPHONE NO.
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ORDERING PHYSICIAN SIGNATURE	PATIENTS SOCIAL SECURITY NO.	DATE OF BIRTH	SEX M <input type="checkbox"/> F <input type="checkbox"/>	<b>FOR NURSING HOME USE:</b> BILL TO NURSING HOME <input type="checkbox"/> BILL TO INSURANCE <input type="checkbox"/>
PRINT PHYSICIAN NAME	MEDICARE PART A <input type="checkbox"/> PART B <input type="checkbox"/>	SNF NAME:	HOSPICE YES <input type="checkbox"/> NO <input type="checkbox"/>	

**ATTACH COPY OF BOTH SIDES OF INSURANCE CARDS FOR INSURANCE BILLING**

When ordering tests on Medicare & Medicare HMO patients, please only order tests that are medically necessary for the diagnosis or treatment of the patient rather than testing for screening. Medicare covers limited menu of screening tests. Patients will be asked to accept financial responsibility for non-covered testing.

**REASON FOR TEST: CHECK ALL THAT APPLY**

D649	Anemia, unspecified		Other			
D509	Anemia, Iron deficiency					

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<b>C O M M O N  A N E M I A  T E S T S</b>	<b>B12</b>		<b>Vitamin B12</b>	<b>ANEMIA</b>		<b>Anemia Protocol Order Set</b>	
	<b>CBC</b>		<b>CBC</b>			To Include the following tests:	
	<b>CBCFLEX</b>		CBC reflex to Diff if indicated				B12, FER, FOL, PSATP (Iron Profile), RETIC
	<b>CBCD</b>		<b>CBC with Diff</b>				
	<b>FE</b>		<b>Iron Level</b>				
	<b>FER</b>		<b>Ferritin</b>				
	<b>FOL</b>		<b>Folate/Folic Acid</b>				
	<b>HCT</b>		<b>Hematocrit</b>				
	<b>HGB</b>		<b>Hemoglobin</b>				
	<b>PSATP</b>		Iron Profile Includes: FE, TIBC and TSTAT %				
	<b>RETIC</b>		<b>Reticulocyte %, IRF</b>		√		
	<b>TIBC</b>		<b>Iron Binding Capacity</b>	<b>CLINREV</b>			Clinical Pathologist Review
	<b>Other</b>			<b>Other</b>			

<b>√ CALL/COPY REQUEST</b>	<b>WRITE-IN TEST/OTHER INSTRUCTIONS</b>
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<b>CALL</b>	CALL TO (PHONE # PHYSICIAN)	
<b>COPY</b>	COPY TO (FULL NAME,PLEASE)	
<b>COPY</b>	COPY TO (FULL NAME,PLEASE)	